PART B - FEE(S) TRANSMITTAL

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2292 7590

APPLN. TYPE

nonprovisional

04/19/2011

BIRCH STEWART KOLASCH & BIRCH PO BOX 747 FALLS CHURCH, VA 22040-0747

SMALL ENTITY

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(Depositor's name (Signat (Dat

TOTAL FEE(S) DUE

\$755

DATE DUE

07/19/2011

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/890.425 02/19/2002 Harold G. Brown 2059-01032 1812

PURI ICATION FEE DUE

\$0

PREV. PAID ISSUE FEE

\$0

TITLE OF INVENTION: PHARMACEUTICAL COMPOSITION OF COMPLEX CARBOHYDRATES AND ESSENTIAL OILS AND METHODS OF USING THE SAME

ISSUE FEE DUE

\$755

EXAMINER	ART UNIT	CLASS-SUBCLASS		
UNDERDAHL, THANE E	1657	536-055200	-	
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PT0/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PT0/SB/47; Rev 0.3-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		Birch, Stewart, Kolasch 1—— & Birch, LLP 2 3
3. ASSIGNEE NAME AND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	xe)	
PLEASE NOTE: Unless an assignee is identi recordation as set forth in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the pa Ta substitute for filing an	atent. If an assignee is identifi assignment.	ied below, the document has been filed for
(A) NAME OF ASSIGNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)		

DERMAL RESEARCH LABORATORIES, INC. Parkville, Missouri

Please check the appropriate assignee category or categories (will not be	printed on the patent):
4a. The following fee(s) are submitted: State S	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number
Change in Entity Status (from status indicated above) Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accept	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). tgdfrom anyone other than the applicant; a registered attorney or agent; or the assignee or other party in

Authorized Signature

JUL 1 4 2011

Marc S Weiner Typed or printed name

32,181 Registration No.

Date

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